SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta Public Employer:	ails Borough of Clayton		Gloucester			
Employee Organization	AFSCME District Council 71 Local 3303J					
Base Year Contract Term:	1/1/2011	12/31/2013		1/1/	²⁰¹⁴ 12/31/	yees in Unit: 15
Type of Settlement:		1/2011 12/31/2013 New Contract Term 1/1/2 Mediated Settlement			✓ Voluntary Settlement	/2016 Super Conciliation
			· · · · · · · · · · · · · · · · · · ·			
			Column A <u>Base Year - Total Costs</u> (Lest Year of Previous agreement)		Column New Base Year - 1 (First Year of Success)	Total Costs
Section II: Economic						
Item 1 Sala	8/Y	-	\$613,939	<u>-</u>	\$659,792	
	rement	_			_	
	ngevity	-			_	
Item 4	<u>.</u>	-			_	
Item 5	····	_	 			
tem 6		-	<u> </u>			
ltem 7		-				
Кет в		_				
Item 9		_]	
kem 10		<u>-</u>				
Kem 11		-				
Kem 12		_				
Any additional items set on separate the	eel	Additions! Items				
Continuity Totals and			7012 000			
Section III; Totals - Sum of costs	a le each cotumn		\$613,939		\$659,792	Andrews .
			ſ	(Total)	(Total)	
Coallog Mr seeted of our street		<u> </u>				
Section IV: Analysis of new successor Total Base Year(previous agreement)			NEWHORE	EMENT ANALYSIS		
Total Delic Total year Note organization,	\$613,939	_				
Effective Date (m/d/xxxx)		1/1/2014	1/1/2015	1/1/2016		
Percent increase		2.0%	2.0%	2.0%	-	
Total cost of increase	*		\$13,196			
Total base as lary (successor agreement)		\$659,792	\$672,988	\$13,460 \$686,448		
Section V: Impact of Settlema	ent - average ennual incr	*		***************************************		
Percentage impact (average per year ow			, reement			
Dullar Impaci (average per year over term		\$24,170.00	,			
		\$24, Irv.vv	•			
ection VI						
Health Insurance (Indicate costs essocial	lad on each line)					
Coal of Health Plan		Base Year	Year 1			
Employee Contributions		\$303,716	\$315,827	. ——		
Prescription	*********	\$33,814	\$38,482			
Gestat			,			
15mm				· 		
VIBION						
The undersioned certifies the	at the foregoing figures (are true and is awa	re that if any of the f	foregoing items are	false, s/he is subject to punism	nerst.
ection VII			,			an,
Prepared by:	Donna Nesto	ore A		T	Title: CFO	
	\parallel	Print Name				
	\ K De	LAL	W	0	Date: 3/18/15	
	V-10-37-87	770				

In 2014, Increase for Additional laborer.

Send completed & signed (Intt) = signed and debted copy of Sontiacs, signed and debted copy of sontiacs signed and debted copy of Sontiacs, signed and si